

EXHIBIT D – STATEMENT OF WORK

GENERAL CONTRACT REQUIREMENTS

The contractor shall provide sign language interpreter services for any requesting DSHS or State of Washington governmental agency as described herein under the terms and conditions, requirements and specifications of the contract, including prices. For the provision of interpreter services to other governmental entities, political subdivisions, nonprofits and organizations, this contract shall apply, in accordance with the DSHS inter-agency/inter-local agreements, Department of General Administration Washington State Purchasing Cooperative (WSPC).

The contractor shall further understand and agree that participation by local or county governmental entities is discretionary on the part of that governmental entity and the State of Washington bears no financial responsibility for any payments due the contractor by such governmental entities.

Services described herein will be ordered by authorized governmental personnel and contracted service/medical providers as needed, based on program/policy requirements and client, citizen or DSHS/state employee communication needs and preferences.

The contractor shall provide interpreter services in the county(ies) indicated in the Contractor Bidder Form. The contractor shall provide interpreter services at the site(s) indicated by the requester. If requested by an authorized requester, the contractor may provide interpreter services outside of an indicated county.

If the requester cannot obtain interpreter services through this contract, the contractor further understands that DSHS or State of Washington reserve the right to refer to ODHH guidelines when appropriate interpreter services cannot reasonably be obtained.

The contractor shall attend a mandatory orientation session provided by DSHS of no more than 5 hours on a date to be determined. The contractor shall not bill DSHS for attending orientation. To be determined, an optional orientation session for sub-contracted sign language interpreters may be provided by DSHS but is not mandatory.

The contractor shall understand that a web-based database system may be implemented during the life of this contract which will require the transition of a paper-based system to an electronic system of scheduling and arranging appointments with interpreter services. The contractor will participate fully with the transition, implementation and operational phases of the web-based database system at a later date.

SIGN LANGUAGE INTERPRETER REQUIREMENTS

REGISTRATION

All interpreters providing sign language interpreter services under this contract are required to be registered with ODHH on an annual basis regardless of the term of this or future contracts, and, if certified, to provide a copy of the NAD and/or RID certification. If non-certified, interpreters must become RID certified within three (3) years of initial

registration with ODHH. Non-certified interpreters must attach three (3) reference letters from (1) deaf customer (1) certified interpreter (1) agency (non-DSHS customer).

Interpreters must submit completed and signed registration forms to ODHH for review and approval prior to providing services under this contract. Any changes to the information provided on the registration form must be submitted within ten (10) days to ODHH on a new registration form.

Freelance interpreters must submit the following documents & forms to ODHH for approval prior to providing sign language interpreter services under any contract awarded through this procurement:

- DSHS/ODHH Form – Sign Language Interpreter Registration
- Copy of RID/NAD Interpreter Certification (if applicable)
- Copy of 3 reference letters (Non-certified interpreters only)
- Background Authorization Form
- Copy of “Report of Outside Employment” form (if applicable), DSHS 03-023

POST-APPROVAL

Upon ODHH approval of the registration form, the interpreter’s name will be added to the ODHH website. ODHH will post a list of available contracted interpreters on the DSHS Intranet (for departmental use) and Internet (for public use). This list will include relevant information from the DSHS/ODHH Form – “Sign Language Interpreter Registration”, using some or all data except Social Security Numbers. This list will be updated and maintained by ODHH, based upon the registration form completed by the interpreter.

DSHS/Medical Assistance Administration will assign a Performing Provider Number (PPN) to all ODHH approved interpreters.

DISQUALIFICATION

As contract administrator, ODHH reserves the right to disqualify individual/freelance interpreters from providing sign language interpreter services under this contract based on the following information:

- Background Check
- Certification Status
- RID Code of Ethics violations
- RID Certification Maintenance Program
- DSHS/ODHH Form – Sign Language Interpreter Registration form

BACKGROUND CHECK

Prior to performing services under this contract, or having any unsupervised access to DSHS/ODHH clients, all interpreters must obtain a DSHS criminal background check through the [DSHS Background Check Central Unit](#).

The Contractor must ensure that no employee or subcontractor provides services to DSHS/ODHH clients if the employee or subcontractor has a record of crimes, convictions or actions that are disqualifying under the DSHS Secretary’s List of Disqualifying Crimes and Actions (located at: <http://www1.dshs.wa.gov/msa/bccu/BCCU-crimesList.htm>).

If the employee or subcontractor’s DSHS background check results indicate that he/she has a record of:

- Convictions or actions that are NOT on the DSHS Secretary's list;
- Convictions or actions on the Secretary's list that require five (5) or more years to pass from the date of conviction to application; or
- DSHS, Department of Health, or local authority findings of abuse, neglect, exploitation or abandonment of a dependent person,

the Contractor must maintain and make available to DSHS/ODHH records and personnel files that include written justification to the applicant or employee's character, competence, and suitability for providing services to DSHS clients.

In addition, to verify the identity of the interpreter, each interpreter must present, in person, a valid driver's license or ID card issued by a state or outlying possession of the United States, or by federal, state or local government agencies or entities (provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address), or a U.S. Passport to either:

- A DSHS-contracted Interpreter Referral Agency,
- A Notary Public, or
- A representative from the Office of the Deaf and Hard of Hearing.

Contractor must submit the "Identification Verification" form (Exhibit K) containing a copy of the driver's license, ID card, or passport, with the signature and agency name of the approving party. The "Identification Verification" form must be sent with a copy of the "Background Authorization" form (Exhibit L) and "Sign Language Interpreter Registration" form (Exhibit E) to ODHH. Any changes in criminal history after registration approval shall be reported within two (2) working days to ODHH.

NEW NAD/RID (NIC) CERTIFICATION DURING TERM OF CONTRACT

If a certified or non-certified interpreter achieves a new or higher RID or NIC certification after initial registration, he/she must submit a new registration form to ODHH along with a copy of the new certificate. ODHH must receive the registration form and a copy of the new RID or NIC certificate, and approve the action to change the certification status of the interpreter, before the interpreter can begin working under their new certification status.

NON-CERTIFIED, QUALIFIED INTERPRETERS

Interpreters who are NOT currently NAD and/or RID certified can work under this contract only through contracted interpreter referral agencies. Interpreters having RID status listed as "Certified: Inactive" are viewed as not currently providing interpreter services but are still a member of RID and pay dues. These interpreters are not required to maintain their CMP, yet they retain their RID certification status. For the purpose of this contract, those interpreters identified as "Certified: Inactive" are designated as **non-certified**.

Starting July 1, 2005, non-certified interpreters, including qualified deaf interpreters, must successfully become NIC certified and obtain active membership within the first three (3) years from date of initial registration with ODHH to provide services to DSHS regardless of the term or cycle of this contract and future contracts. Non-certified interpreters, who fail to achieve certification within three (3) years of initially registering

with ODHHS, will be removed from the contract until certification with active membership has been obtained.

RID CERTIFICATION MAINTENANCE PROGRAM (CMP)

Interpreters must meet the RID CMP requirements and take continuing education units to meet the general / professional studies requirements within the CMP cycle. Any failure to meet the CMP requirements may be cause for removal from this contract or termination of this contract. Interpreters must report status of certification and continuing education requirements on an annual basis, using the DSHS/ODHH "Sign Language Interpreter Registration" form.

ADHERING TO THE RID-NAD CODE OF PROFESSIONAL CONDUCT

All interpreters, both freelance and those representing agencies, must adhere to the RID-NAD Code of Professional Conduct. Any violation of this policy may be cause for removal from this contract or termination of this contract.

ADHERING TO THE DSHS CODE OF PROFESSIONAL CONDUCT

All interpreters, both freelance and those representing agencies, shall adhere to the DSHS Code of Professional Conduct. Any violation of this policy may be cause for removal from this contract or termination of this contract.

UNSUPERVISED ACCESS TO CLIENTS

All interpreters, both freelance and those representing agencies, shall not have unsupervised access to clients who are deaf, deaf/blind and hard of hearing when providing interpreter services. A DSHS/state employee or a contracted service/medical provider employee must be present in the room or nearby throughout the appointment. Unsupervised access include the arrival time prior to and departure time after the appointment.

CONTRACTOR BEHAVIOR IN STATE FACILITIES AND ON STATE GROUNDS

Contractors, both interpreter referral agencies and individual/freelance interpreters, shall agree to and observe the following:

- No smoking in state buildings (RCW 70.160.030);
- No use of alcohol or illegal drugs in the performance of this contract or on state grounds or facilities (RCW 72.23.300, Chapter 69.50 RCW);
- No firearms or explosives in state buildings or on state grounds (RCW 9A.41.300).

PHOTO IDENTIFICATION

All interpreters, when providing services under this contract, will be required to present picture identification (i.e. Drivers License, Interpreter Agency Picture I.D., etc.) upon request of client, DSHS staff, or contracted service/medical provider. Picture identification can be obtained from a number of reputable locations including, but not limited to, any State of Washington, Department of Licensing office, for a small fee.

AUTOMOBILE

When the interpreter is operating a motor vehicle under the laws of the state of Washington, i.e., the interpreter must have a valid driver's license or permit; a valid, current registration for the vehicle they are driving; and minimum mandatory insurance as indicated on the Washington State Department of Licensing home page, under

Drivers, under Mandatory Insurance
(<http://www.dol.wa.gov/ds/insurance.htm#Operators>).

CONTRACTOR PERFORMANCE REQUIREMENTS

SIGN LANGUAGE INTERPRETER REQUIREMENTS

The contractor must ensure that individual sign language interpreter(s) who are employee(s) and/or sub-contractor(s) are registered and approved by ODHH before allowing the individual interpreter to provide sign language interpreter services. The contractor must also ensure that the sign language interpreters are in compliance with the terms of the "Sign Language Interpreter Requirements" section. The contractor must maintain documentation, records and other information relevant to these requirements.

ACCESSIBLE DURING BUSINESS HOURS

The contractor must be accessible at all times during normal business hours (8:00 a.m. to 5:00 p.m. Pacific Standard Time or Pacific Daylight Time, whichever is in effect) throughout the term of the contract. Accessible means via email, phone, cellular phone and/or pager, during business hours.

CONTRACTOR AVAILABILITY

Contractors who are freelance interpreters and interpreter referral agencies must indicate their availability on the Contractor Bidder Form and the Sign Language Interpreter Registration Form and are required to provide sign language interpreter services during the hours as indicated.

Days; 8 am – 5 pm; Monday – Friday	24/7; 24 hours / 7 days every week
Nights; 5 pm – 12 am; Monday – Friday	Emergencies – 1 hour notice/confirmation
Weekends; 12 am Sat – 8 am Monday	Holidays

24/7

Contractors who indicate twenty-four hours/seven days a week (24/7) availability on the contractor bidder form are required to provide sign language interpreter services during the Days, Nights and Weekend hours as indicated. Contractor must provide accessible contact information for after business hours.

EMERGENCIES

Contractors who indicate emergency availability on the contractor bidder form are required to provide sign language interpreters services during the Days, Nights and Weekend hours as indicated. Requesters shall request interpreter services on an emergency basis for medical or legal-related appointments. Such requests may be last minute and contractor is required to confirm availability immediately and be prepared to provide interpreter services immediately within a reasonable time to allow portal-to-portal travel. Contractor must provide accessible contact information for emergencies.

AFTER HOURS / EMERGENCIES / HOLIDAY RATES

At this time, due to lack of data, all hourly rates and portal-to-portal billing, invoicing and reimbursement shall be in accordance to the terms of this contract. It is expected that future contract(s) will adjust interpreter hourly rates to accommodate for after-hours/emergencies/holidays sign language interpreter services.

ADHERING TO THE RID-NAD CODE OF PROFESSIONAL CONDUCT / DSHS CODE OF PROFESSIONAL CONDUCT

Freelance interpreters, sub-contractors, and those interpreters employed by interpreter referral agencies shall adhere to the current and revised RID-NAD Code of Professional Conduct and the DSHS Code of Professional Conduct. Any violation of this policy may be cause for removal from this contract or termination of this contract.

PROHIBITING UNDUE INFLUENCE

Contractors, unless otherwise authorized by requesters, are prohibited from applying undue influence on clients, DSHS/state employees, and contracted service/medical providers by:

- Determining the need for interpreter services or engaging in the solicitation of interpreter assignments for appointments;
- Arranging services for clients/employees in order to create business;
- Contacting the client/employee other than at the request of the contracted service/medical provider or employee;
- Providing transportation for the client to, or from, medical, social services, and any other appointments;
- Requiring a client/employee to obtain interpreter services exclusive of other interpreters or contractors holding valid contracts with the department;
- Billing for interpreter services provided to the interpreter's own family members; and
- Accepting any compensation from clients/employees or others on behalf of clients.

APPOINTMENT & SCHEDULING REQUIREMENTS

REQUESTS

Authorized requesters are strongly encouraged to make requests 1-2 weeks in advance or whenever the appointment was first established. Requesters may request interpreter services with twenty-four (24) hours notice or less but must understand that the likelihood of obtaining an appropriate interpreter decreases with less notice. Interpreter referral agencies, interpreters and clients are not authorized requesters.

Requests for interpreter services for legal or medical-related appointments made with one (1) hour or less notice shall be considered emergency requests.

APPOINTMENTS

The contractor shall coordinate all appointments with the specific governmental entity or contracted service/medical provider requesting interpreter service. The contractor shall understand and agree that the contractor shall be under the direction of specific personnel within the requesting governmental entity and/or contracted service/medical provider regarding the provision of interpreting services.

Contractor must accept and track all requests for sign language interpreter services for all scheduled appointments made by all authorized requesters and make diligent efforts to assign appropriate interpreter(s). If the Contractor is scheduling interpreter(s) who must travel more than 100 miles to the assignment, the contractor is required to obtain prior approval from the requester and must document the justification (see Payment Requirements: Portal-to-Portal Reimbursement).

SCHEDULING APPROPRIATE INTERPRETERS

The requester must consult with the customer on his/her communication needs and come to an agreement on his/her interpreter preferences. The expressed needs and preferences shall be indicated on the "Request for Sign Language Interpreter" form.

Authorized requesters requesting interpreter services through this contract reserve the right to determine the appropriateness of interpreters needed for any appointment. This determination will be based on review of the following:

- number of the deaf, hard of hearing, deafblind client(s)/customer(s) and/or employee(s);
- expressed communication needs & preferences of the client(s), customer(s) and/or employee(s);
- length of the appointment;
- type/setting of appointment;
- certification level of interpreters; and
- any other factors.

The requester and contractor must make every reasonable effort to appropriately match the interpreter's certification, experience, preferences with the client's preferred communication needs, appointment setting and other information as indicated on the "Request for Sign Language Interpreter" form. The requester/contractor must not use family members and interpreters not approved by ODHH to provide interpreter services on this contract.

To request appropriate interpreters for appointments, the authorized requester and contractor shall use ODHH "Guidelines – Matching Qualified Interpreter with Appointment Setting" to match the interpreter's certification with the client's preferred communication needs and appointment setting.

The contractor must check the requested interpreter(s) availability, as indicated on the "Request for Sign Language Interpreter Form." If the specific interpreter(s) requested is unavailable, the contractor must document that interpreter's unavailability or communications with that interpreter(s).

The requester reserves the right to reject any or all of the interpreters selected by the contractor as unacceptable.

SCHEDULING MULTIPLE INTERPRETERS

Under normal circumstances and based on availability of qualified interpreters, two interpreters will be requested for appointments scheduled to last longer than 1-1/2 hours.

Circumstances requiring multiple (2 or more) interpreters regardless the length of the appointment may include:

- The needs of a deaf/blind customer using tactile or close-up sign language;
- A customer having minimal language skills necessitating the services of a deaf interpreter (CDI or QDI); and/or
- Two or more customers joining different breakout sessions at meetings, trainings or conferences.

CONFIRMATION OF INTERPRETER AVAILABILITY

Contractors will confirm interpreter availability for an appointment within 48 hours after receiving the request for interpreter services from an authorized requester. Contractors will confirm interpreter availability for an emergency appointment within one (1) hour.

NO SHOWS

The contractor must track and distinguish client, DSHS/state employee, contracted service/medical provider and interpreter no shows separately.

The interpreter must stay on the premises for client, DSHS/state employee or contracted service/medical provider appointments as follows:

- For appointments scheduled one (1) hour or less, the interpreter is required to stay for 20 minutes before declaring a “no show” and leaving the premises.
- For appointments scheduled between one (1) and four (4) hours, the interpreter(s) is required to stay for 40 minutes before declaring a “no show” and leaving the premises.
- For appointments scheduled more than four (4) hours, the interpreter(s) is required to stay for 60 minutes before declaring a “no show” and leaving the premises.

With the exception of interpreter no shows, the interpreter must sign the completed “Request for Sign Language Interpreter” form to receive reimbursement for other no shows.

The DSHS/state employee or contracted service/medical provider must sign the completed “Request for Sign Language Interpreter” form for no shows.

CANCELLATIONS

The contractor must track and distinguish client, DSHS/state employee, contracted service/medical provider and interpreter cancellations separately. Additionally, the contractor must track and distinguish cancellations made with more than 48 hours notice versus cancellations made with less than 48 hours notice.

Authorized requesters reserve the right to cancel interpreter appointments with more than 2-business days/48 hours notice of the scheduled appointment time without penalty or charge. e.g. Cancellation by Thursday 3 p.m. for appointment on Monday 3 p.m.

If the scheduled interpreter is not able to make it to a confirmed appointment, it is the responsibility of the contractor and/or interpreter to make arrangements for another interpreter to attend the appointment.

If the authorized requester, client or DSHS/state employee is canceling the appointment, the authorized requester or employee must sign the completed “Request for Sign Language Interpreter” form on the day of the cancellation and return to the contractor.

The interpreter is not required to sign the completed "Request for Sign Language Interpreter" form for appointment cancellations.

INVOICING/BILLING REQUIREMENTS

The contractor shall submit an original invoice, a completed original and signed "Request for Sign Language Interpreter" form, for each appointment, to the requester's billing address. The Contractor may not bill state agencies for services rendered pursuant to this contract from unauthorized purchasers. Each invoice shall be submitted for payment no later than ninety (90) days from date of service rendered. All billing documents shall be maintained in an accurate, legible, and complete manner.

Each invoice shall:

- reference the contract number;
- possess a unique invoice number; and
- list the organizational acronym (as shown in the Reporting Requirements, Monthly Data Reports section) for each appointment billed.

The contractor will bill all DSHS/state governmental entities including Medical Assistance Administration:

- The bid hourly rate at the interpreter's certification level;
- From the scheduled start time of the appointment or when interpreter shows up after scheduled start time, whichever is later, up to the scheduled or actual end time, whichever is later;
- The (1) one hour minimum for providing sign language interpreter services lasting 60 minutes or less;
- The (1) one hour minimum plus 30 minute increments, rounding up, for providing sign language interpreter services lasting longer than 60 minutes; and
- Will be in accordance to the stipulations outlined in the Payment Requirements section of this document.

A signed "Sign Language Interpreter Request" form must be submitted with the invoice when billing for no shows and cancellations. The requester's signature is required for payment for no-shows and cancellations; however the interpreter's signature is required for no-shows only.

For all appointments being billed on an invoice, all reimbursable services and expenditures (i.e. interpreter services and portal-to-portal) for the invoiced appointments will be submitted with the required documentation at the same time.

In addition to the above requirements, the contractor will bill Medical Assistance Administration (MAA) of DSHS for providing services as follows:

- When the DSHS client is an eligible MAA client;
- When interpreter services are provided for medical services covered by MAA;
- Electronically using required applications available such as WAMedWeb;
- Backup documentation is required when billing in the following situations:
 - a Mileage Reimbursement - Mapquest printout (or equivalent documentation) documenting mileage traveled,

- Appointments lasting longer than 2 hours – written documentation outlining a breakdown of how the interpreter's time was spent during the appointment.

Back up documentation must be mailed to:

DSHS/MAA Division of Client Support
Office of Transportation & Interpreter Services
P.O. Box 45570
Olympia, Washington 98504-5570

The MAA billing system pays for services in 15-minute units. (E.g. 1 unit = 15 minutes) Appointments lasting less than one hour will be billed as four (4) 15-minute units. Appointments lasting longer than one hour will be billed in 30-minute increments, rounding up, using 15-minute units. The following table provides examples of how MAA appointments would be billed in comparison to non-MAA appointments.

For appointments lasting:	DSHS (Non-MAA) would be billed for:	MAA would be billed for:
25 minutes	1 hour of Service (1.0 hr)	4 Units of Service
1 hour and 5 minutes	1 hour and 30 minutes of Service (1.5 hr)	6 Units of Service
2 hours and 35 minutes	3 hours of Service (3.0 hrs)	12 Units of Service

MAA does not pay for interpreter services at the following facilities:

- Inpatient hospital services (e.g. labor and delivery)
- Nursing facility services (covered by Aging and Adult Services)
- Services provided by any other facility, agency, or provider that is required by federal or state law, regulation, or rules to provide those services (e.g. public health agencies, public hospitals and local health jurisdictions)
- Community mental health centers, mental health clinics or mental health institution services (covered by Regional Support Network)
- Alcohol or other drug-related treatment centers/programs

Invoicing/billing for interpreter services for medical appointments is the responsibility of the hospital/public health facility.

PAYMENT REQUIREMENTS - GENERAL

PAYMENT TIME FRAME (NET 30 DAYS)

DSHS or an authorized requester will make payment for authorized services rendered under this contract within 30 days of receipt of a complete and accurate invoice. The contractor shall attach all appropriate billing backup documentation to the invoice (i.e. original signed "Request for Sign Language Interpreter" forms and, if required, documentation verifying the accuracy of claims for mileage).

ADJUSTMENTS

Incomplete and/or inaccurate invoices will be returned to the contractor for correction. The payment within thirty (30) days requirement will not be in affect until DSHS or the authorized requester receives a corrected invoice. All adjustments to billed interpreter

service amounts must be completed within ninety (90) calendar days of the original date of billing by the contractor; or as extended by the requester.

PAYMENT DISPUTE RESOLUTION

Disputes related to payments made by DSHS or an authorized requester for services rendered under this contract shall be resolved at the local level (i.e. between the authorized requester and the contractor) with the exception of medical providers, in which case disputes regarding services provided to medical providers must be resolved with Medical Assistance Administration. If resolution cannot be achieved at the local level, the dispute shall be forwarded by the requester and/or contractor to the requester's designated DSHS representative, pursuant to procedures established by DSHS. Contractor and DSHS shall be responsible for exercising due diligence in identifying procedures related to the local level handling and forwarded appeals of payment disputes. Action pursuant to this clause by either party shall not be construed as a waiver of any legal avenue of recourse available through this contract.

OVERPAYMENT

Issues related to DSHS or requester overpayment to contractor shall be in accordance to the Terms & Conditions of the DSHS Purchased Services contract.

DISALLOWED PAYMENTS

Employees of requesters are not paid under this contract. Employers or places of business who have paid staff providing interpreter services for their employees are not paid under this contract. This does not apply to contractors providing sign language interpreter services.

PAYMENT REQUIREMENTS-HOURLY RATE REIMBURSEMENT

ONE-HOUR MINIMUM

ALL purchasers will be required to pay at least a one-hour minimum for all appointments, including those lasting less than one hour. The DSHS Medical Assistance Administration (MAA) is also required to pay the one-hour minimum.

NO-SHOWS

Contractor will be paid in full for the time scheduled for no-shows unless the interpreter is a no-show.

CANCELLATION

If cancellation of an appointment occurs with less than 2-business days/48 hours notice, the contractor will be paid in full for the time scheduled. If the cancellation occurs with 2-business days/48 hours or more notice, the contractor will not receive payment.

If the interpreter cancelled and a replacement interpreter has not been provided, the contractor will not receive payment.

Contractor will be paid in full for the time scheduled, for short term appointments, which are cancelled with less than 2-business days/48 hours notice.

For long term appointments, which are cancelled with less than 2-business day's notice, the contractor and the requester may negotiate on a case-by-case basis the reimbursement amount.

Contractor shall sign and fax the “Request for Sign Language Interpreter” form to the requester for signature for all cancellations.

PAYMENT REQUIREMENTS: PORTAL-TO-PORTAL REIMBURSEMENT

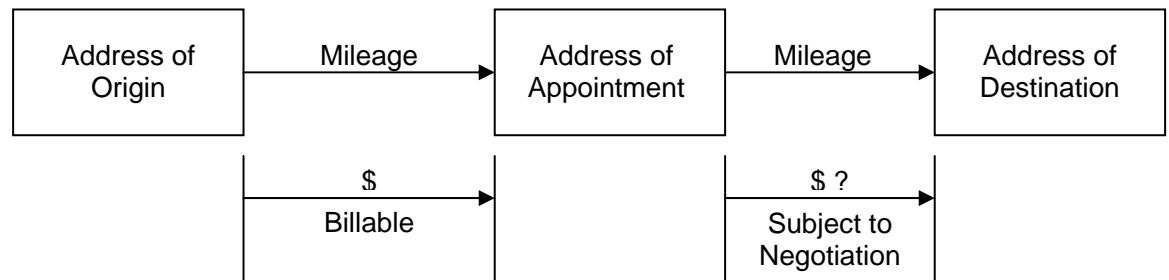
Mileage or travel time will be reimbursed as allowed on the contract. Reimbursement will be as follows:

MILEAGE

The mileage rate will be reimbursed in accordance with the prevailing Office of Financial Management (OFM) Policy & Guidelines rate. DSHS will first notify contractors of any change in the OFM rate before it becomes effective.

Mileage will be reimbursed on a “from address of origin” (address where interpreter came from) to “address of appointment” basis. The requester and contractor will negotiate reimbursement for mileage traveled from the “address of appointment” to “address of destination” (address where interpreter will go after appointment) on a case-by-case basis. In Eastern Washington, due to scarcity of interpreters and vast distance for portal-to-portal travel, it is recommended that the requester reimburse the contractor for mileage on an “address of appointment” to “address of destination” or roundtrip basis.

Mileage related to appointments that result in no shows are billable. Mileage related to appointments that have been cancelled regardless of whether 2 business days/48 hours notice has been given is not billable. Mileage related to appointments that result in interpreter no show or interpreter cancellation is not billable.



TRAVEL TIME

DSHS Medical Assistance Administration does not pay for travel time. All other DSHS agencies will reimburse for travel time on a from “address of origin” (address where interpreter came from) to “address of appointment” basis. The requester and contractor will negotiate reimbursement for travel time traveled from the “address of appointment” to “address of destination” (address where interpreter will go after appointment) on a case-by-case basis at the time the appointment is requested. In Eastern Washington, due to scarcity of interpreters and vast distance for portal-to-portal travel, it is recommended that the requester reimburse the contractor for travel time on an “address of appointment” to “address of destination” or roundtrip basis.

Interpreters must travel for a minimum of sixteen miles, and one-half hour, to be eligible to receive payment for travel time. Exceptions to the sixteen miles minimum requirement shall be made when use of a ferry contributes to the ½ hour or more travel time.

Travel time will be reimbursed at a rate of one-half the hourly interpreter certification rate for each hour of travel. Example: Interpreter traveled four (4) hours to an appointment and the certification hourly rate is \$50. One half (½) of the hourly rate is \$25. The calculation would be 4 x \$25 = \$100 for travel time.

Distance	DSHS	MAA
Origin → Appointment 0 - 15 miles	Mileage	Mileage
Origin → Appointment 16+ miles	Mileage or Travel*	Mileage Only

* Travel can be claimed only when traveling time is ½ hour (30 minutes) or more

Travel time related to appointments that result in no shows are billable. Travel time related to appointments that have been cancelled, regardless of whether 2 business days/48 hours notice has been given, is not billable. Travel time related to appointments that result in interpreter no show or interpreter cancellation is not billable.

REPORTING REQUIREMENTS

The Contractor shall maintain back-up copies of the records in an appropriate fire/theft/disaster-protected location.

LIST OF INTERPETERS

Interpreter referral agencies are required to submit a complete roster of their interpreters, indicating certification level to ODHH, on a quarterly basis.

INTERPRETER SERVICES USAGE

Data for each purchaser listed below; per the DSHS inter-agency/inter-local agreements, Department of General Administration Washington State Purchasing Cooperative (WSPC)

- State of Washington departments or state agencies
- Other Governmental Entities
- Contracted Service Providers

MONTHLY DATA REPORTS

The contractor shall submit monthly data reports to ODHH, by the last day of the month following the month of service being reported. The contractor will be required to utilize a standardized report template in Microsoft Excel format when reporting monthly data to ODHH. The contractor will be required to submit a report, data for each State of Washington department or state agency that requested and/or received services during the period being reported shall be separated. An electronic version of the report template and a list of each State of Washington state agency will be provided to contractors at the time of award.

Within the Department of Social and Health Services (DSHS) report, data for each DSHS administration and division listed below that requested and/or received services during the period being reported shall be separated.

Aging and Disability Services Administration (ADSA)

Division of Developmental Disabilities (DDD)

Home & Community Services (HCS)

Residential Care Services (RCS)

Children's Administration (CA)

Division of Children and Family Services (DCFS)

Division of Licensed Resources (DLR)

Economic Services Administration (ESA)

Community Services Division (CSD) (broken down by individual CSO)

Division of Child Support (DCS)

Division of Employment and Assistance Programs (DEAP)

Division of Child Care and Early Learning (DCCEL)

Health and Rehabilitation Services Administration (HRSA)

Division of Alcohol and Substance Abuse (DASA)

Division of Vocational Rehabilitation (DVR)

Mental Health Division (MHD)

Special Commitment Center (SCC)

Office of Deaf and Hard of Hearing (ODHH)

Juvenile Rehabilitation Administration (JRA)

Community Programs

Institution Programs

Medical Assistance Administration (MAA)

Division of Disability Determination Services (DDDS)

Division of Customer Support (DCS) - Interpreter Services Section

DATA ELEMENTS

The monthly report will include the following data elements;

- Name of the contractor
- Report period (month and year)
- Organizational Index Code;
 - name of the department or state agency
 - DSHS: the administration/division

Request Information

- Total number and percentage of filled requests;
- Total number and percentage of unfilled requests;
- Total number of requests (equals the total number of filled requests and unfilled requests)

Appointment Information

- Total number of confirmed/scheduled appointments.
- Total number of appointments receiving completed interpreter services.
- Total number of client, employee or provider no shows and interpreter hours billed.
- Total number of interpreter no shows.
- Total number of client, employee or provider cancellations and interpreter hours billed.
- Total number of interpreter cancellations.
- Total number of all no shows and/or cancellations including a distinction between;
 - Number of cancellations made with more than 48 hours notice.
 - Number of cancellations made with less than 48 hours notice.
- Total number of sign language interpreter service hours billed including dollar amounts.
- Total number of appointments requesting mileage reimbursement and number of miles billed including dollar amounts.
- Total number of appointments requesting travel time reimbursement and number of travel time hours billed including dollar amounts.
- Total number of dollars billed for the report period